

## Action Plan for State: Michigan

**MISSION: PERSONS WITH CO-OCCURRING DISORDERS WILL LIVE PRODUCTIVE, QUALITY LIVES, WITH DIGNITY, THROUGH ACCESS TO INTEGRATED, COMPREHENSIVE SERVICES AND SUPPORTS, REGARDLESS OF AGE OR CIRCUMSTANCES.**

<b>Priority One: Develop a structure for implementation of COD integrated treatment capacity within the Mental Health and Substance Abuse service delivery systems and create broad based state support for integrated treatment.</b>					
<b>Strategies</b>	<b>Actions</b>	<b>Manager/ Implementer</b>	<b>Expected Outcomes</b>	<b>Benchmarks</b>	<b>Completion Date</b>
Strategy 1.1: Establish structure for planning and implementation	Action 1.1.1: establish formal consensus building and work groups addressing: Advisory/Consensus; Administrative matters: Policy/Legal matters; Treatment/Outcomes and Workforce	Mgr: Yvonne Blackmond  Imp: Doris Gellert; partner agencies including CMHBA, MASACA, provider representation	Participatory decision making structure in place	Identify and invite MD'S and other key participants; formally establish groups; ongoing communications process and associated work plans. Participation of both field and collaborative partners such as Corrections, Housing, Social Welfare, etc.	Identify by May 10; working groups by September, 2004
	Action 1.1.2 Develop a project list and time lines	Mgr: Michael Ezzo Imp: Doris Gellert	Project List timelines to May meeting	List completed	May 14 and Ongoing
	Action 1.1.3: Identify needs and request TA assistance	Mgr: Michael Ezzo; Impl: CSAT for TA approval; CMHSB association	Knowledge gained and applied to Michigan	TA request submitted; approved; scheduled	Starting June 10; ongoing
	Action 1.1.4: Incorporate consumer participation; ensure cultural diversity across work groups	Mgr: Michael Ezzo Imp: Doris Gellert; work groups	Meaningful consumer participation and culturally specific and effective programming	Invitations for participation issued; comments and recommendations considered in implementation	Ongoing
Strategy 1.2: Identify obstacles and opportunities including full integration among health care providers	Action 1.2.1: To use health caucus to educate legislators about COD	Mgr: Michael Ezzo Imp: Gov's office, Sen Hammerstrom; Health Caucus	Legislators have language of support for the initiative—e.g. resolution, similar	Consensus of support	First Fall meeting/ongoing Update-with re-elections, delayed to January, 2005

	Action 1.2.2: Explore strategies for full integration among all health care providers in the state—state/stakeholders	Mgr: Michael Ezzo Imp: Advisory/Consensus group members; DCH-Medicaid; MPS, MMS	Mechanisms for input and strategy(ies) identified	Opportunities and barriers identified; short/long term strategies developed	MAY 14
	Action 1.2.3 Explore strategies in schools and judicial system. Explore Illinois offender diversion model	Mgr: Doris Gellert Imp: Advisory group members; staff assignments	TBD	TBD	TBD

**Priority Two: Establish a state-level policy-based mechanism to implement standards for and address administrative barriers to integrated treatment.**

Strategies	Actions	Manager/ Implementer	Expected Outcomes	Benchmarks		Completion Date
Strategy 2.1 : Identify policy, regulatory and legal obstacles and opportunities to integrated treatment provision	Action 2.1.1 conduct PIHP, CMH and CA contract reviews for consistency with integrated treatment and to remove barriers	Mgr: Doris Gellert Imp: mh/sa administration; staff assignments	Solutions to problems identified and issued	Review of current language completed; changes as necessary drafted; negotiated with regional mh and sa authorities	Review of current- May, 2004; changes drafted December 2004 and as needed/future; ongoing as project evolves	
Strategy 2.2 Establish compliance requirements incorporating incentives and promotion of integrated treatment	Action 2.2.1Action: specify implementation timeframes and expectations for integrated treatment in MH and SA systems	Mgr: Doris Gellert Imp: mh/sa Administration via contract negotiations with mh and sa regional authorities	Contract revisions implemented	changes as necessary drafted; negotiated with regional authorities	"In Sync" with program decisions of other work groups—ongoing.	
	Action 2.2.2: add "teeth" piece—e.g. compliance mechanisms	Mgr: Doris Gellert Imp: mh/sa Administration via contract negotiations with mh and sa regional authorities	Enforceable contract language implemented	Develop draft language; reach agreement with regional authorities	Ongoing-progressive policy implementation model envisioned within current contractual practices	
	Action 2.2.3: review and develop policies and procedures with periodic review and update	Mgr: Doris Gellert Imp: mh/sa Administration via contract negotiations with mh and sa regional authorities. MH and SA program staff	System in place for ongoing review—policy content supports movement to integrated treatment	Short and long term objectives identified various policies, technical advisory, etc developed and issued	Ongoing. Existing processes have contractually determined time lines for policy change implementation	

	Action 2.2.4: explore opportunities using legislation to “add teeth” – enforceability	Mgr: Doris Gellert Imp: work group, department administration gov’s office; legislative sponsorship	Amendatory language or new legislation	Identify legislative implications- appropriations and substantive law	April, 2005
	Action 2.2.4: explore regulatory functions regarding competencies—e.g. do we want licensure, certification, or credentialing, etc.	Mgr: Doris Gellert Imp: work group; staff assignments; CMHB Association and MASACA, licensing section	Determination of standards; feasibility and implementation plan	Coordinate with related efforts; develop work plan; develop standards for access and screening, integrated treatment;	Ongoing; work plan by December, 2004
	Action 2.2.5 identify confidentiality, recipient rights and other cross-systems obstacles	Mgr: Doris Gellert Imp: via work group, current project sites, list-serve/query provider systems; DCH staff assignments	Both interim and long term resolutions identified w/in existing external requirements	Problem issues identified; alternative solutions identified; change implemented	Ongoing as identified

**Priority Three: Develop integrated clinical treatment standards relative to both clinical practice (program operation) and services outcome**

Strategies	Actions	Manager/ Implementer	Expected Outcomes	Benchmarks	Completion Date
Strategy 3.1: Identify and recommend best practice models across service array-screening, assessment and treatment across all quadrants	Action 3.1.1 create a treatment outcome group to explore options	Mgr: Doris Gellert Imp: Doris Gellert; mh and sa staff assignments; CSAT-TA requests	Operational work group	Work group established; plan for deliverables;;	Establish group September 2004; work plan completed December, 2004;
	Action 3.1.2 Identify best practice models across service array—screening, assessment, treatment	Mgr: Doris Gellert Imp: treatment/outcomes work group; staff assignments	Work group recommendations issued for mh and sa service delivery systems	Best practice models throughout the array identified; state standards for screening, assessment, treatment identified and issued	Likely first standards identified Spring, 2005; ongoing
	Action 3.1.3 decide on Screening/assessment tools for state implementation	Mgr: Doris Gellert Imp: staff assignments ; work groups; MH and SA regional authorities	Standards for screening/assessment tools issued	Assign to work group; identify existing models; establish standards; issue standards; incorporate in contract requirements	Initiate January, 2005

	Action 3.1. 4 Identify partners required for effective integrated treatment-police, primary health care providers, community corrections	Mgr: Doris Gellert Imp: treatment/outcomes work group-partners. MH and SA regional authorities	Local collaborations across mh and sa service delivery systems	State requirements established; local collaborations operational	Likely first standards identified Spring, 2005; ongoing
	Action 3.1.5 Identify and recommend performance and outcome measures associated with integrated treatment	Mgr: Doris Gellert Imp: treatment/outcomes work group; MH and SA service delivery system authorities	Recommendations adopted and implemented through policy and contract	State requirements established; information systems in place; outcomes monitored. Contract revisions may be needed; incorporation in site review protocols	TBD Timeframe subsequent to implementation and availability of data.
	Action 3.1.6 Assure cultural competency expectations are articulated and implemented	Mgr: Doris Gellert Imp: treatment/outcomes work group; staff assignments; MH and SA regional authorities	Recommendations adopted and implemented through policy and contract	State requirements established and implemented; training/competency development ongoing. Contract revisions may be needed; incorporation in site review protocols.	TBD
	Action 3.1.7: develop a welcoming integrated system of care for persons with co-occurring disorders of substance addiction and mental illness	Mgr: Doris Gellert Imp: DCH mh/ sa administrations; CMHB association, MASACA; CSAT for TA; MH and SA regional authorities	Standards specified for contract inclusion	Develop operational definition/standard; identify TA/training requirements; contract obligations	Ongoing; issue initial standards April 2005
	Action 3.1.8: incorporate "prevention" within core capacity expectations	Mgr: Doris Gellert Imp: work group; staff assignments	Strategy developed and operational	Current best practice models identified; cost/benefit assessment completed; implementation opportunities identified and "used"	Initiate April 2005
Strategy 3.2: Develop CQI and outcome measures	Action 3.2.1 identify and recommend associated fidelity, CQI/QA measures	Mgr: Doris Gellert Imp: work group; and mh/sa administrations; CMHB association, MASACA; CSAT for TA	Recommendations adopted and implemented by DCH, MH and SA regional authorities	State requirements established; information systems in place; outcomes monitored and service adjusted. Contract revisions may be needed; incorporation in site review protocols	Timeframe subsequent to implementation and availability of data.
<b>Priority Four: Develop work force capacity</b>					
<b>Strategies</b>	<b>Actions</b>	<b>Manager/ Implementer</b>	<b>Expected Outcomes</b>	<b>Benchmarks</b>	<b>Completion Date</b>
Strategy 4.1: Defining core competencies	Action 4.1.1: examine Texas and Arizona models	Mgr: Doris Gellert Imp: staff assignment; work group	Assessment of pros/cons various models	Obtain information, complete analysis	December 2004.

	Action 4.1.1: use consensus groups to/for defining the core competencies	Mgr: Doris Gellert Imp: workforce work group; staff assignments	Develop conceptualization for staff types and competency requirements	Develop work. Request TA Develop plan; plan implementation	Establish work group September, 2004 complete work plan December 2004; implementation: 3 years
	Action 4.1.2 provide competency id's for administrative, non-treatment, paraprofessional and clinical staff	Mgr: Doris Gellert Imp: workforce work group; may involve regulatory; MH and SA administration and local authorities	Standards established	Standards implementation requirements established by state; MH and SA administration implemented	TBD based on completion of related preliminary action steps
Strategy 4,2 : Identify training and technical assistance products, standards and plans	Action 4.2.1 for training purposes, identify and use current skills/capacity of the workforce to further implementation—working “top down” in the state and service delivery structure—e.g. dch leadership, pihp/ca leadership, provider network, “line” staff.	Mgr: Doris Gellert Imp: workforce work group; CMHB association, MASACA; CSAT for TA; MH and SA regional authorities	Operational training strategy	Plan developed; products identified: Train-Trainer model incorporated; current capacity in existing training network identified; develop curriculum/training strategy; mechanisms for “sharing” info/learning in place	Ongoing; interim completion date based on training strategy
	Action 4.2.2 Identify strategies for successful systems change, common understandings, cultural issues and systems “splits” as well as clinical practice change (change the culture)	Mgr: Doris Gellert Imp: workforce work group, advisory/consensus group. CMHB Association, MASACA, MH and SA regional authorities	Training/system change strategy issued	Various work groups identify recommendations for change strategy; literature reviewed; Michigan specific state wide plan developed; local plans implemented	TBD—depends on related action step completion
Strategy 4.3: Identify long term workforce development opportunities and challenges	Action 4.3.1 develop future capacity via university programs, etc.	Mgr: Doris Gellert Imp: workforce work group	University(ies) affiliation agreement(s)	Identify needs and opportunities; identify key players; convene special work group; develop university curricula and relationships	September 2006;
<b>Priority Five : Resolve issues of financing, data reporting and contractual requirements which negatively affect integrated treatment</b>					
<b>Strategies</b>	<b>Actions</b>	<b>Manager/Implementer</b>	<b>Expected Outcomes</b>	<b>Benchmarks</b>	<b>Completion Date</b>
Strategy 5.1 Develop mechanisms to identify and resolve administrative issues	Action 5.1.1: create a program or contract outcome groups	Mgr: Doris Gellert Imp: Doris Gellert; DCH leadership; associated staff assignments	Operational group addressing contract, finance and data issues	Work plan completed; deliverables identified	September 2004 work group established; December 2004 work plan completed

	Action 5.1.2 Coordinate communication across DCH systems and project	Mgr: Michael Ezzo Imp: Doris Gellert; staff assignments	Mechanisms for communication and coordination in place	Add standard agenda item to existing mgmt team(s)	Ongoing
Strategy 5.2: Develop COD related data strategy	Action 5.2.1: "E-Records" e.g. how to move data around, patient records, communication--establish middle ware solutions for enhanced communications across providers	Mgr: Michael Ezzo Imp: DIT, admin work group; MH and SA regional authorities	"seamless" data capability	Utilize existing related opportunities/initiatives currently underway by incorporating COD issues into existing strategy.	August, 2004 for Feasibility; implementation subject to resources and coordination with related efforts
	Action 5.2.2: establish COD related demographic data collection requirements	Mgr: Doris Gellert Imp: MH and SA staff assignments; DIT; MH and SA regional authorities	Statewide reporting across mh and sa service systems of minimum data set	"map" new data requirements to current requirements; issue reporting instructions; identify short and long range enhancements; monitor data submission; analyze data	FALL, 2004-short term strategy; ongoing
	Action 5.2.3: display data w/in voting districts	Mgr: Michael Ezzo Imp: existing mapping strategy-ODCP/Communications	Data presentation available	determine data to be mapped, collect and add to mapping data base	Fall 2005
	Action 5.2.4 develop method for "identification" of services for persons with co-occurring disorders.	Mgr: Doris Gellert Imp: work group, mh and sa administration staff assignments	Develop demographic data collection solution to cross mh and sa systems	Short term changes identified; system change orders initiated; edits/data reporting changes implemented; instructions to field issued	Issued September 2004 for short term; TBD long term
	Action 5.2.5 Eliminate current identified barriers--resolve billing and encounter services reporting problems	Mgr: Doris Gellert Imp: DCH mh and sa administration; regional mh and sa authorities	Clarification document issued for funding and encounter reporting	Identify issues; develop short term resolution; identify long term strategy . system change orders initiated; edits/data reporting changes implemented; instructions to field issued	October 2004-short term resolution
Strategy 5.3: identify current financial resources and address barriers to integrated services	Action 5.3.1: develop a report documenting the funding streams--responsibility, authority, opportunities, limitations	Mgr:Doris Gellert Imp: work group; DCH budget; staff assignments	Report Issued	Identify legal requirements--Mh and SA legislation; analysis funding requirements; clarify identified problems within MDCH; statewide	September, 2004-DCH; March 2005 statewide
Strategy 5.4: Identify opportunity(ies) for change including re-allocation	Action 5.4.1: determine state resources available/currently directed to persons with COD and where these are controlled	Mgr: Michael Ezzo Imp: Doris Gellert; work group. FIA, DOC, SCAO, Education	Partners identified and MOU/goals established	Establish discussion group; identify MOU opportunities and needs; determine collaborative initiatives	May 2005

	Action 5.4.2 Maximize "other" dollars through coordination of benefits- for instance the qhp mental health 20 outpatient visit benefit;	Mgr: Michael Ezzo Imp: Advisory/Consensus work group; DCH- Medicaid; Budget, DMB- as indicated	MOUs negotiated; other opportunities utilized	Partners identified; opportunities determined; plan for change developed	TBD, as indicated by opportunity
	Action 5.4.3: "direct" use of the dollars we control to effective integrated treatment	Mgr: Michael Ezzo Imp: DCH budget; mh and sa administration; mh and sa regional authorities	Appropriations changes if needed implemented; Contract language implemented	Language developed; negotiated with I mh and sa regional authorities	FY 2006 based on DCH contract development process
	Action 5.4.4 Provide incentive or match to existing projects.	Mgr: Michael Ezzo; Imp: DCH budget; mh and sa administration; DMB	Appropriations or authorization for incentive/match	Executive budget recommendation; legislative approval;	No sooner than FY2006
	Action 5.4.5: Identify grant opportunities and consider applications. i.e. ATR/Co-Sig grant opportunities	Mgr: Doris Gellert for SA, Irene Kazieczko for MH; Imp: staff assignments	Applications submitted	Process for monitoring opportunities in place; assignments made; applications submitted	Ongoing
Strategy 5.5: Bridge clinical, program and administrative functions including data, finance and contract implications	Action 5.5.1 develop a shared vision (first, with regard to integrated treatment, then with respect to "what" resources can/will be committed to the "vision")	Mgr: Michael Ezzo Imp: via work groups; Academy team; DCH leadership	Advisory/Consensus Group concurrence; DCH concurrence	Opportunities identified and action taken	December 2004; ongoing
	Action 5.5.2: develop FY06 executive budget strategy	Mgr: Doris Gellert Imp: DCH budget; DMB; Academy Team	Boilerplate or other enabling legislation	Exec Budget Bills to identify availability	August-December 2004